

DATE: _____ COMPANY: _____ LICENSE NAME: _____

FACILITY NAME: _____ ADDRESS: _____

FACILITY TYPE: CHILD FAMILY: _____ STAFFING: AM HOURS _____ # OF STAFF _____
ADULT FAMILY: _____ PM HOURS _____
CORPORATE: _____ NIGHT HRS _____ (AWAKE) _____ (ASLEEP)

CONTACT PERSON: _____ PHONE: _____ FAX: _____ EMAIL: _____

RETURN COMPLETED FORM TO: KALEE THALER, ST. LOUIS CO. 320 W 2 ST, DULUTH MN 55802 OR FAX TO: 218-733-2979 ATTN: KALEE THALER AND Your AFC Licensors

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